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	PATEN	T APPLIC		FEE DETE	N	RECORD		Application or Docket Number				
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL I	ENTITY	OR		R THAN ENTITY	
FOR NUMBER FILED			NUMBER EXTRA			RATE FEE			RATE	FEE		
BASIC FEE (37 CFR 1.16(a))								\$	OR		s	
TOTAL CLAIMS (37 CFR 1.16(c)) minus 20			minus 20 =				x s =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(b))			minus 3 =		•		x \$ =					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR OR	× \$=			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	+\$=		
						TOTAL			TOTAL			
1	CLAIIV	IS AS AME	NDED -				OTHE					
		olumn 1)		(Column 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	R THAN ENTITY	
ENDMENT A	RE	CLAIMS EMAINING AFTER ENDMENT	Р	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE ,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total * (37 CFR 1.16(c))	40	Minus **		= /		x \$=		OR	x \$ =		
	Independent * (37 CFR 1.16(b))	∇	Minus **	-11	=/		x \$ =		_			
AM	FIRST PRESENTATION	OF MULTIPLE	DEPENDENT	CLAIM (37 CE	R 1 16(d))				OR			
(3) GTV 1.10(U))							+ \$ =		OR OR	+ \$ = TOTAL		
	(0)	al		(O-1 0)	(O-1 O)		ADD'L FEE		OR	ADD'L FEE	<u> </u>	
В		olumn 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	ı						
ENT E	l	MAINING AFTER ENDMENT		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N	Total * (37 CFR 1.16(c))	40	Minus **	M	=	ĺ	x s =	-	OR	x \$=	-	
AMENDM	Independent * (37 CFR 1.16(b))	8	Minus **	:71	=	1	× \$ =		OR i	× \$ =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+s =		OR	+s =		
GINARD HOLDE							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
(Shill HER	olumn 1)	-1100	(Column 2)	(Column 3)							
ENTC	RE	CLAIMS MAINING AFTER ENDMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total (37 CFR 1.16(c))	310	Minus **	57	=	ĺ	x \$=		OR	× \$ =		
AMENDMENT	Independent * (37 CFR 1.16(b))		Minus ***		-		x \$=		OR	× \$ =		
¥	FIRST PRESENTATION	OF MULTIPLE	DEPENDENT	CLAIM (37 CFF	R 1.16(d))		+ \$=		OR	+ s =		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	f the entry in column	1 is less than	the entry in	column 2, write	"0" in column 3	3. 				•		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
0	R	NUMBE	R FILED	NUM	BER E	XTRA	RAT	E	FEE		RATE	FEE	·
AS	SIC FEE				W.				345.00	OR		690.00	
01	TAL CLAIMS	57	minus 2	0= - 3	7		X\$ 9)=		OR	X\$18=	666.00	ŀ
D	EPENDENT CLAIM	s 6	minus 3				X39	_	7 - 4	OR	X78=	234.02	
Ul	TIPLE DEPENDEN	IT CLAIM PE	RESENT		•		+130	_			+260=	<u> </u>	١
if t	he difference in c	olumn 1 is l	ess than zer	o, enter "	0" in c	olumn 2	TOTA			OR OR	TOTAL	158.00	ł
							101	ML		Un	OTHER		
		IMS AS A Column 1)	MENDED	(Column		(Column 3)	SMA	LLI	ENTITY	OR	SMALL].
	F	CLAIMS EMAINING AFTER MENDMENT		HIGHE NUMBI PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total •	53	Minus	5	7	=	X\$ 9)= -		OR	X\$18 ₇		
Ì	Independent -	11	Minus	***	6	= 5	X39) <u>-</u>	•	OR	Xij8=	420	Ł
	FIRST PRESENTA	TIÓN OF MI	ULTIPLE DEP	ENDENT	CLAIM		+136	<u> </u>		OR	+260=		1
			•					TAL		OR	TOTAL	4200	4,
			•	(O - I:	- 0\	(Caluma 0)	ADDIT.	FEE	L	JON	ADDIT. FEE		ť
		Column 1) CLAIMS REMAINING AFTER MENDMENT		(Colum HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	RAT	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DENDINEIN	Total •	410	Minus		7	= /	X\$:	9=		OR	X\$18=		ı
	independent •	Y	Minus	···· [=	X39)=		OR	X78=	·	1
	FIRST PRESENT	ATION OF M	ULTIPLE DEF	ENDENT	CLAIM		+13	Z		1			1
					•	•		U= OTAL		OR	TOTAL		┨
		•					ADDIT.			OR	ADDIT. FEE		┨
_	(Column 1)	TOTAL TYPESTOR	(Colum		(Column 3)				1	,	T 450:	4
		REMAINING AFTER MENDMENT		NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
	Total	40	Minus	.et	1	=	XS	9=		OR	X\$18=		
	Independent *	8	Minus	(=	X39			OR	X78=	 	7
₹	FIRST PRESENT	ATION OF M	ULTIPLE DEI	PENDENT	CLAIM		-			1		<u> </u>	1
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								O= OTAL		OR	+260=	-	4
-	if the entry in column If the "Highest Numbe "If the "Highest Numbe	or Provincely P	aid For IN THI	S SPACE is	iless tha	an 20, enter "20."	ADDIT.			OR	ADDIT. FEE		